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I hereby certify that this correspondence, totaling 3 pages including recited attachments, is being facsimile transmitted to the United States Patent and Trademark Office at facsimile no.: 571-273-8300 (Central number) on the below date:

Date: February 24, 2010 Name: Michael S. Gzybowski Signature: *s/Michael S. Gzybowski*BRINKS
HOFER
GILSON
& LIONE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Michio KITAHARA, et al.

Appln. No.: 10/510,417

For: PISTON PUMP

Attorney Docket No.: 14139-003

Conf. No.: 8534

Filed: April 21, 2005

Examiner: Patrick Hamo

Art Unit: 3746

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Attached is/are:

 Power of Attorney to Prosecute Applications Before the USPTO, and Statement Under 37 CFR 3.73(b).

TRANSMITTAL

Fee calculation:

- No additional fee is required.
- Small Entity.
- An extension fee in an amount of \$____ for a ____-month extension of time under 37 CFR § 1.136(a).
- A petition or processing fee in an amount of \$____ under 37 CFR § 1.17(____).
- An additional filing fee has been calculated as shown below:

					Small Entity		Not a Small Entity		
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus			x \$26=			x \$52=	
Indep.		Minus			x 110=			x \$220=	
First Presentation of Multiple Dep. Claim					+\$195=			+\$390=	
					Total	\$		Total	\$

Fee payment:

- Please charge Deposit Account No. 23-1925 in the amount of \$____.
- Payment by credit card in the amount of \$____ (Form PTO-2038 is attached).
- The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,

February 4, 2010

Date

s/Michael S. Gzybowski

Michael S. Gzybowski (Reg. No. 32,816)

BRINKS

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